Fill in this inforr	nation to identify your	case:		
Debtor 1	Christine M. Griff	in		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	PENNSYLVANIA	
Case number	5:19-bk-03415			
(if known)				☐ Check if this is an
<u> </u>				amended filing

# Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
rai	TI. Summarize four Assets	Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	106,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	24,277.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	130,277.00
Pa	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	478,724.92
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	7,555.19
	Your total liabilities	\$	486,280.11
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,369.22
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,100.00
Pa	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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the court with your other schedules.

page 1 of 2

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_8,104.74

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill in this inform								
Debtor 1	Christine M.		le Name	Last Name				
Debtor 2	i iist ivaille	Wilde	ie ivallie	Last Name				
Spouse, if filing)	First Name	Midd	le Name	Last Name				
Jnited States Bar	nkruptcy Court for	the: MIDDLE [	DISTRIC <sup>*</sup>	T OF PENNSYLVANIA				
Case number 5	:19-bk-03415							Check if this is ar amended filing
_	rm 106A/E	_						
Schedule	e A/B: Pı	roperty						12/15
				l Estate You Own or Have an Interest				
	ave any legal or eq			I Estate You Own or Have an Interest				
Do you own or ha	ave any legal or eq		any resid	dence, building, land, or similar prope				
Do you own or had No. Go to Part  ✓ Yes. Where is	ave any legal or ed  2. the property?		any resid		erty?	o not deduct secure	d claims	s or exemptions. Put
Do you own or ha	ave any legal or ed  2. the property?	uitable interest in	any resid	t is the property? Check all that apply Single-family home Duplex or multi-unit building	erty?		cured cla	s or exemptions. Put aims on Schedule D: Secured by Property.
Do you own or har No. Go to Part Yes. Where is  289 Ringto Street address, if	ave any legal or equal to 2.  the property?  wwn Blvd f available, or other des	juitable interest in	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	erty?	ne amount of any sec Creditors Who Have of Current value of the ntire property?	cured cla Claims S Claims S	aims on Schedule D: Secured by Property. Surrent value of the ortion you own?
Do you own or ha	ave any legal or eq 2. the property?	uitable interest in	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Entry?  Contact of the contact of th	current value of the ntire property? \$200,000.0  Describe the nature such as fee simple,	cured claims S  Claims S  p  of your tenance	aims on Schedule D: Secured by Property.
Do you own or har No. Go to Part Yes. Where is  .1  289 Ringto Street address, if	ave any legal or equal to 2.  the property?  wwn Blvd f available, or other des	juitable interest in	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Thas an interest in the property? Check	erty?  C C e	current value of the ntire property? \$200,000.0	cured claims S  Claims S  p  of your tenance	aims on Schedule D: Secured by Property.  Surrent value of the ortion you own? \$100,000.00
Do you own or har No. Go to Part Yes. Where is  289 Ringto Street address, if	ave any legal or equal to 2.  the property?  wwn Blvd f available, or other des	juitable interest in	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check	erty?  C C e	current value of the ntire property? \$200,000.0  Describe the nature such as fee simple,	cured claims S  Claims S  p  of your tenance	aims on Schedule D: Secured by Property.  Surrent value of the ortion you own? \$100,000.00
Do you own or har No. Go to Part Yes. Where is  289 Ringto Street address, if	ave any legal or equal to 2.  the property?  wwn Blvd f available, or other des	juitable interest in	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check Debtor 1 only Debtor 2 only	erty?  C C e	current value of the ntire property? \$200,000.0  Describe the nature such as fee simple,	Claims S  O p  O of your tenanc	aims on Schedule D: Secured by Property.  Surrent value of the ortion you own? \$100,000.00  ownership interest y by the entireties, or

Official Form 106A/B Schedule A/B: Property page 1

50% complete

Case 5:19-bk-03415-RNO

Debto	or 1 Christine M. Griffin		Case number (if known	າ) <u>5:19-bk-0</u>	3415
	If you own or have more that	an one, list here:			
1.2	,	What is the property? Check all that	t apply		
	1/2 Double	☐ Single-family home	Do not deduct se	ecured claims or	exemptions. Put
_	Shenandoah Heights	Duplex or multi-unit building		ny secured claims	
	Street address, if available, or other descript	tion Condominium or cooperative		lave Claims Secu	ігеа ву Ргорену.
		_			
		☐ Manufactured or mobile hom	ne Current value o	of the Curre	ent value of the
_		Land	entire property	? porti	on you own?
	City State	ZIP Code Investment property	\$12,00	00.00	\$6,000.00
		Timeshare	Describe the na	ature of your ow	nership interest
		Other	(such as fee sir	nple, tenancy by	, the entireties, or
		Who has an interest in the proper	rty? Check one a life estate), if	known.	
		☐ Debtor 1 only			
_	Country	Debtor 2 only			
	County	Debtor 1 and Debtor 2 only	☐ Check if th	is is community	property
		At least one of the debtors a	and another	ons)	
		Other information you wish to add	d about this item, such as local		
		property identification number:			
р	ages you have attached for Par				
p Part 2 Oo yo omed . Ca	Describe Your Vehicles  ou own, lease, or have legal or eone else drives. If you lease a vehers, vans, trucks, tractors, sport	equitable interest in any vehicles, whether they nicle, also report it on Schedule G: Executory Constitution with the constitution of the constitu	y are registered or not? Include ntracts and Unexpired Leases.  Do not deduct so the amount of an	ecured claims or ny secured claim Have Claims Sec	
po yoo omed	Describe Your Vehicles  ou own, lease, or have legal or eone else drives. If you lease a vehicles  one was, vans, trucks, tractors, sport  No  Yes  Make: Model:  Pick up	who has an interest in the property?	y are registered or not? Include ntracts and Unexpired Leases.  Do not deduct so the amount of a Creditors Who here	ecured claims or ny secured claim Have Claims Sec of the Curre	exemptions. Put s on Schedule D: ured by Property.
po yoo omed	Describe Your Vehicles  Ou own, lease, or have legal or eone else drives. If you lease a vehicles  Ours, vans, trucks, tractors, sport  No  Yes  Make: Ford  Model: Pick up  Year: 2004	who has an interest in the property? Color Debtor 1 only	y are registered or not? Include ntracts and Unexpired Leases.  Check one  Do not deduct so the amount of a Creditors Who Received the contract of the contrac	ecured claims or ny secured claim Have Claims Sec of the Curre	exemptions. Put s on Schedule D: ured by Property.
po yoo	Describe Your Vehicles  Ou own, lease, or have legal or eone else drives. If you lease a vehicrs, vans, trucks, tractors, sport  No Yes  Make: Ford Model: Pick up Year: 2004 Approximate mileage:	who has an interest in the property? Color Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	y are registered or not? Include ntracts and Unexpired Leases.  Theck one Do not deduct so the amount of a Creditors Who has continuous continu	ecured claims or ny secured claim Have Claims Sec of the Curre	exemptions. Put s on Schedule D: ured by Property.
po yoo	Describe Your Vehicles  Ou own, lease, or have legal or eone else drives. If you lease a vehicle, vans, trucks, tractors, sport No Yes  Make: Ford Model: Pick up Year: 2004 Approximate mileage: Other information:  Make: Jetta	who has an interest in the property? Come Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Compared to the debtors and another community property (see instructions)	y are registered or not? Include ntracts and Unexpired Leases.  Do not deduct so the amount of a Creditors Who has considered by \$4,00 theck one Check one C	ecured claims or ny secured claim Have Claims Second the Curry portion 00.00	exemptions. Put s on Schedule D: ured by Property. ent value of the on you own? \$4,000.00 exemptions. Put s on Schedule D:
pPart 2 Po yoo oomed Ca II	Describe Your Vehicles  Ou own, lease, or have legal or eone else drives. If you lease a vehicles, vans, trucks, tractors, sport  No Yes  Make: Ford Model: Pick up Year: 2004 Approximate mileage: Other information:  Make: Jetta Model:	who has an interest in the property? Come Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Community property Community property (see instructions)	y are registered or not? Include ntracts and Unexpired Leases.  Check one  Do not deduct s the amount of a Creditors Who F  Current value of entire property  Property  Check one  Do not deduct s the amount of a Creditors Who F	ecured claims or ny secured claim Have Claims Secured?  O0.00  ecured claims or ny secured claim Have Claims Secured	exemptions. Put s on Schedule D: ured by Property. ent value of the on you own?  \$4,000.00  exemptions. Put s on Schedule D: ured by Property.
pPart 2 Po yoo oomed Ca II	Describe Your Vehicles  Ou own, lease, or have legal or econe else drives. If you lease a vehicles  Ars, vans, trucks, tractors, sport  No Yes  Make: Ford Model: Pick up Year: 2004 Approximate mileage: Other information:  Make: Jetta Model: Year: 2005	who has an interest in the property? Come Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another case instructions)  Who has an interest in the property? Come Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another case instructions)	Do not deduct s the amount of a Creditors Who he Current value of a Creditors Who he Check one  Do not deduct s the amount of a Creditors Who he Current value of a Creditors	ecured claims or ny secured claims Secured fithe Current Portion 100.00 ecured claims or ny secured claims Secured fithe Current Curre	exemptions. Put s on Schedule D: ured by Property. ent value of the on you own?  \$4,000.00  exemptions. Put s on Schedule D: ured by Property. ent value of the
pPart 2 Po yoo oomed Ca II	Describe Your Vehicles  Ou own, lease, or have legal or eone else drives. If you lease a vehicle, vans, trucks, tractors, sport No  Yes  Make: Ford Model: Pick up Year: 2004 Approximate mileage: Other information:  Make: Jetta Model: Year: 2005 Approximate mileage:	who has an interest in the property? Come Debtor 1 and Debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Compared to the property of the property? Compared to the property of	y are registered or not? Include ntracts and Unexpired Leases.  Check one  Do not deduct s the amount of a Creditors Who F Current value of entire property  Check one  Do not deduct s the amount of a Creditors Who F Current value of a Creditors Who F Current value of entire property	ecured claims or ny secured claims Secured fithe Current Portion 100.00 ecured claims or ny secured claims Secured fithe Current Curre	exemptions. Put s on Schedule D: ured by Property. ent value of the on you own?  \$4,000.00  exemptions. Put s on Schedule D: ured by Property.
Part 2 Do yo omeo Ca	Describe Your Vehicles  Ou own, lease, or have legal or econe else drives. If you lease a vehicles  Ars, vans, trucks, tractors, sport  No Yes  Make: Ford Model: Pick up Year: 2004 Approximate mileage: Other information:  Make: Jetta Model: Year: 2005	who has an interest in the property? Come Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another case instructions)  Who has an interest in the property? Come Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another case instructions)	y are registered or not? Include ntracts and Unexpired Leases.  Check one  Do not deduct s the amount of a Creditors Who F Current value of entire property  Check one  Do not deduct s the amount of a Creditors Who F Current value of a Creditors Who F Current value of entire property	ecured claims or ny secured claims Secured fithe Current Portion 100.00 ecured claims or ny secured claims Secured fithe Current Curre	exemptions. Put s on Schedule D: ured by Property. ent value of the on you own?  \$4,000.00  exemptions. Put s on Schedule D: ured by Property. ent value of the

Official Form 106A/B Schedule A/B: Property

Deb	tor 1 Christine M. Gr	<u>iffin</u> C	ase number (if known)	5:19-bk-03415
3.3	Make: Suzuki  Model: Year: 2002	Who has an interest in the property? Check one  □ Debtor 1 only □ Debtor 2 only	the amount of any s Creditors Who Hav	ered claims or exemptions. Put secured claims on Schedule D: e Claims Secured by Property.
	Approximate mileage: Other information:	Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another	Current value of the entire property?	ne Current value of the portion you own?
		Check if this is community property (see instructions)	\$500.	\$500.00
3.4	Make: <b>Jetta</b>	Who has an interest in the property? Check one	the amount of any s	red claims or exemptions. Put secured claims on Schedule D: the Claims Secured by Property.
	Model: Year: <b>2009</b>	Debtor 1 only	Creditors with that	s Claims Gecured by 1 Toperty.
		Debtor 2 only	Current value of the	
	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
		Check if this is community property (see instructions)	\$5,000.	\$5,000.00
5 <b>A</b>		portion you own for all of your entries from Part 2, including a or Part 2. Write that number here		\$13,500.00
Part Do y		and Household Items I or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	l No	ishings , furniture, linens, china, kitchenware		
	Yes. Describe			
	M	liscellaneous Household Goods		\$2,500.00
		radios; audio, video, stereo, and digital equipment; computers, printe ones, cameras, media players, games	ers, scanners; music co	llections; electronic devices
	M	liscellaneous Electronics		\$175.00
Ε		urines; paintings, prints, or other artwork; books, pictures, or other ar , memorabilia, collectibles	t objects; stamp, coin,	or baseball card collections;
	No Yes. Describe			
E	quipment for sports and hexamples: Sports, photogra musical instrume	phic, exercise, and other hobby equipment; bicycles, pool tables, go	lf clubs, skis; canoes a	nd kayaks; carpentry tools;

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Schedule A/B: Property

Official Form 106A/B

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Best Case Bankruptcy

page 3

De	btor 1	Christine M.	Griffin			Case number (if known)	5:19-bk-03415
	□ Yes.	Describe					
10.	Firearn	ns					
	Examp ☐ No	oles: Pistols, rifles	, shotgur	ns, ammunition, an	nd related equipment		
	Yes.	Describe					
			Pistol				\$25.00
	Clothes Examp		othes, fur	s, leather coats, de	esigner wear, shoes, accessories	3	
	Yes.	Describe					
			Miscel	llaneous Clothi	ng		\$500.00
12.	Jewelry		welry cos	stume jewelry, end	gagement rings, wedding rings, he	airloom jawalry watches gems (	and silver
	□ No	nes. Everyday je	veny, coe	starrie jewerry, errg	agement rings, wedding rings, ne	sinooni jeweny, wateries, gerris, g	Joid, Silver
	Yes.	Describe					
			Misce	llaneous Jewelı	ry		\$250.00
14. 15.	No Yes.  Any otl No Yes.  Any otl for Pa	Give specific info he dollar value o art 3. Write that i	d househormation.  of all of younder house is	nold items you did	d not already list, including any Part 3, including any entries fo	or pages you have attached	\$3,450.00  Current value of the portion you own?
							<ul><li>portion you own?</li><li>Do not deduct secured claims or exemptions.</li></ul>
	□ No				home, in a safe deposit box, and	on hand when you file your petiti	on
						Cash	\$25.00
	Examp				counts; certificates of deposit; shats with the same institution, list e		nouses, and other similar
	□ No ■ Yes				Institution name:		
	. 30		17 1	Checking	M&T Bank		\$4,000.00
			17.1.	Jilcoking			Ψ-,000.00

Official Form 106A/B Schedule A/B: Property

page 4

Debto	or 1 Christine	M. Griffin			_ Case number (i	if known) <u>5:19-l</u>	ok-03415
		17.2.	Savings	PSECU			\$800.00
		17.3.	Checking	PSECU			\$1,500.00
	onds, mutual fund Examples: Bond fund No			okerage firms, money market	accounts		
	Yes		Institution or issuer	name:			
je	on-publicly traded oint venture No	stock and	interests in incorp	orated and unincorporated l	ousinesses, including an	ı interest in an L	.LC, partnership, and
-	Yes. Give specific		about themne of entity:		% of ownershi	ip:	
		Cis	sco - shares			%	\$1,000.00
			ffin Trucking, Ind b-S	с.	100%	%	\$1.00
21. <b>R</b>	Yes. Give specific in the setirement or pension of the set of the	Issument of the Issument of the Issued of th	uer name: : <b>s</b> 6A, Keogh, 401(k), <sup>∠</sup> ely.	103(b), thrift savings accounts	, or other pension or profit-	-sharing plans	
		Pens	of account:	Institution name: Pension			\$1.00
Y E		ısed deposit	s you have made so	o that you may continue servic public utilities (electric, gas, w Institution name or ind	rater), telecommunications	s companies, or c	thers
	<b>nnuities</b> (A contrac No Yes	·	dic payment of mone e and description.	ey to you, either for life or for a	a number of years)		
24. <b>In</b> t		ation IRA, ir	n an account in a q	ualified ABLE program, or u	ınder a qualified state tu	ition program.	
	No Yes	, , , ,	,,,,	n. Separately file the records o	of any interests.11 U.S.C.	§ 521(c):	
_	rusts, equitable or No	future inte	rests in property (c	other than anything listed in	line 1), and rights or pov	vers exercisable	e for your benefit
	Yes. Give specific	information	about them				
Ε				nd other intellectual propert eds from royalties and licensin			
Officia	l Form 106A/B			Schedule A/B: Property			page 5

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De	ebtor 1	Christine M. Griffin		Case number (if known)	5:19-bk-03415
	☐ Yes.	Give specific information about	t them		
27.		es, franchises, and other ger les: Building permits, exclusive		ation holdings, liquor licenses, professional licens	ses
	☐ Yes.	Give specific information abou	t them		
M	oney or <sub>l</sub>	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref ■ No	unds owed to you			
	☐ Yes.	Give specific information about	them, including whether you a	already filed the returns and the tax years	
29.	■ No	les: Past due or lump sum alim	ony, spousal support, child su	apport, maintenance, divorce settlement, property	/ settlement
	□ Yes.	Give specific information			
30.		mounts someone owes you lles: Unpaid wages, disability in benefits; unpaid loans you		penefits, sick pay, vacation pay, workers' compe	nsation, Social Security
	_	Give specific information			
31.		ts in insurance policies les: Health, disability, or life ins	surance; health savings accou	nt (HSA); credit, homeowner's, or renter's insura	nce
	☐ Yes.	Name the insurance company Compan		e. Beneficiary:	Surrender or refund value:
32.	If you a	erest in property that is due are the beneficiary of a living trune has died.		died e insurance policy, or are currently entitled to rec	eive property because
	■ No □ Yes.	Give specific information			
33.		against third parties, whether		rsuit or made a demand for payment ghts to sue	
	■ No □ Yes.	Describe each claim			
34.	Other o	contingent and unliquidated	claims of every nature, inclu	ding counterclaims of the debtor and rights to	o set off claims
	Yes.	Describe each claim			
			Lawsuit vs. Builder & C S-235-2012	ountersuit	Unknown
35.	Any fin	ancial assets you did not alr	eady list		
		Give specific information			
36				g any entries for pages you have attached	\$7,327.00
Pa	art 5: Des	scribe Any Business-Related Pro	perty You Own or Have an Intere	est In. List any real estate in Part 1.	

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Best Case Bankruptcy

Schedule A/B: Property

Official Form 106A/B

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Deb	tor 1 Christine M. Griffin		Case number (if known)	5:19-bk-03415
37. D	o you own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	t In.	
46. <b>[</b>	Oo you own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That You	ı Did Not List Above		
	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership I No	?		
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	at number here		\$0.00
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$106,000.00
56.	Part 2: Total vehicles, line 5	\$13,500.00		
57.	Part 3: Total personal and household items, line 15	\$3,450.00		
58.	Part 4: Total financial assets, line 36	\$7,327.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$24,277.00	Copy personal property to	stal <b>\$24,277.00</b>
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$130,277.00

Official Form 106A/B Schedule A/B: Property page 7

Fill in this inform	nation to identify your	case:			
Debtor 1					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA		
	:19-bk-03415				
(if known)					Check if this is an
					amended filing

#### Official Form 106C

# Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/E	fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Check only one box for each exemption.		Specific laws that allow exemption					
		Schedule A/B	CHE	eck only one box for each exemption.					
	1/2 Double Shenandoah Heights Line from Schedule A/B: 1.2	\$6,000.00		\$2,500.00	11 U.S.C. § 522(d)(1)				
	Ellie Holli Golloddie 772. 112			100% of fair market value, up to any applicable statutory limit					
	2004 Ford Pick up Line from Schedule A/B: 3.1	\$4,000.00		\$4,000.00	11 U.S.C. § 522(d)(2)				
	Ellie Holli Gelledale PAB. G.1			100% of fair market value, up to any applicable statutory limit					
	2005 Jetta Line from Schedule A/B: 3.2	\$4,000.00		\$4,000.00	11 U.S.C. § 522(d)(5)				
	Line nom ochequie PVD. 3.2			100% of fair market value, up to any applicable statutory limit					
	2002 Suzuki Line from Schedule A/B: 3.3	\$500.00		\$500.00	11 U.S.C. § 522(d)(5)				
	Ellie Holli Galledale PAB. G.G			100% of fair market value, up to any applicable statutory limit					
	2009 Jetta Line from Schedule A/B: 3.4	\$5,000.00		\$1,990.95	11 U.S.C. § 522(d)(5)				
	Line nom <i>Schedule PVD</i> . <b>3.4</b>			100% of fair market value, up to any applicable statutory limit					

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

otor 1 Christine M. Griffin			Case number (if known)	5:19-bk-03415
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim	Specific laws that allow exemption
Miscellaneous Household Goods Line from <i>Schedule A/B</i> : <b>6.1</b>	\$2,500.00	_	\$2,500.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
Miscellaneous Electronics Line from Schedule A/B: 7.1	\$175.00	•	\$175.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
Pistol Line from Schedule A/B: 10.1	\$25.00	•	\$25.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Miscellaneous Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
Miscellaneous Jewelry Line from Schedule A/B: 12.1	\$250.00	-	\$250.00	11 U.S.C. § 522(d)(4)
			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$25.00		\$25.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Checking: M&T Bank Line from Schedule A/B: 17.1	\$4,000.00		\$4,000.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Savings: PSECU Line from Schedule A/B: 17.2	\$800.00		\$800.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Checking: PSECU Line from Schedule A/B: 17.3	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Cisco - shares Line from Schedule A/B: 19.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(5)
-			100% of fair market value, up to any applicable statutory limit	
Griffin Trucking, Inc. Sub-S	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)
100% Line from Schedule A/B: 19.2			100% of fair market value, up to any applicable statutory limit	
Pension: Pension Line from Schedule A/B: 21.1	\$1.00		\$1.00	11 U.S.C. § 522(d)(10)(E)
			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 2 of 3

ebtor 1	Christine M. Griffin			Case number (if known)	5:19-bk-03415
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own			Specific laws that allow exemption
	Copy the value from Check only one b Schedule A/B			ck only one box for each exemption.	
	wsuit vs. Builder & Countersuit	Unknown		\$0.00	11 U.S.C. § 522(d)(5)
_	e from Schedule A/B: <b>34.1</b>			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption bject to adjustment on 4/01/22 and every			led on or after the date of adjustmer	nt.)
_	Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	.215 davs before you filed this case	?
_	□ No			,,	
	☐ Yes				

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 3

Fill in	this information to identify yo	ur case:			
Debto	or 1 Christine M. G	iffin			
	First Name	Middle Name Last Name			
Debto (Spouse	or 2 e if, filing) First Name	Middle Name Last Name			
United	d States Bankruptcy Court for the	: MIDDLE DISTRICT OF PENNSYLVANIA			
	number <u>5:19-bk-03415</u>				
(if know	n)				if this is an ded filing
Offic	ial Form 106D				
	-	s Who Have Claims Secure	d by Propert	y	12/15
is need		If two married people are filing together, both are ed out, number the entries, and attach it to this form. O			
1. Do a	ny creditors have claims secured b	y your property?			
	No. Check this box and submit	this form to the court with your other schedules. Y	ou have nothing else t	o report on this form.	
_	Yes. Fill in all of the information	•	ŭ	•	
		below.			
Part 1			Column A	Column B	Column C
for eac	ch claim. If more than one creditor ha	more than one secured claim, list the creditor separately s a particular claim, list the other creditors in Part 2. As iical order according to the creditor's name.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 I	BB&T	Describe the property that secures the claim:	value of collateral. <b>\$7,400.00</b>	s12,000.00	If any <b>\$0.00</b>
	Creditor's Name	1/2 Double Shenandoah Heights	Ψ1,400.00	Ψ12,000.00	Ψ0.00
		Journal of the state of th			
	223 West Nash Street Wilson, NC 27893	As of the date you file, the claim is: Check all that apply.			
_	Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
Who	owen the debt? Ohard are	Disputed			
_	owes the debt? Check one.  btor 1 only	Nature of lien. Check all that apply.			
	btor 2 only	<ul> <li>An agreement you made (such as mortgage or second car loan)</li> </ul>	cured		
_	btor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	least one of the debtors and another	☐ Judgment lien from a lawsuit			
□ Ch	eck if this claim relates to a ommunity debt	Other (including a right to offset)			

Official Form 106D

Date debt was incurred

Schedule D: Creditors Who Have Claims Secured by Property

Last 4 digits of account number

6001

Debtor 1 Christine M. Griffin		Case number (if known)	5:19-bk-03415	
First Name Middle N	ame Last Name			
2.2 Huntington National	Describe the property that secures the claim:	\$3,009.05	\$5,000.00	\$0.00
Creditor's Name	2009 Jetta			
PO Box 182519 Columbus, OH 43218-2519	As of the date you file, the claim is: Check all that apply.  Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or car loan)</li> </ul>	secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
$\square$ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number 087	0		
2.3 M&T Bank	Describe the property that secures the claim:	\$468,315.87	\$200,000.00	\$0.00
One Fountain Plaza Buffalo, NY 14203  Number, Street, City, State & Zip Code	289 Ringtown Blvd Ringtown, PA 17967 Schuylkill County Construction Loan - 50% complete  As of the date you file, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated			
	■ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or car loan)	secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	■ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Construction	ction Loan - Subject to	o Cramdown	
Date debt was incurred	Last 4 digits of account number 511	6		
Add the dollar value of your entries in C If this is the last page of your form, add Write that number here:	column A on this page. Write that number here: the dollar value totals from all pages.	\$478,724 \$478,724		

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in this	information to identify your c	ase:				
Debtor 1	Christine M. Griffii	1				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name			
	-					
United State	es Bankruptcy Court for the:	MIDDLE DISTRICT OF F	ZENINSY LVAINIA			
Case numb	per 5:19-bk-03415					
(if known)					_	heck if this is an mended filing
Schedu Be as comple any executor Schedule G: Schedule D:	Form 106E/F Ile E/F: Creditors WI ete and accurate as possible. Use y contracts or unexpired leases t Executory Contracts and Unexpir Creditors Who Have Claims Secu	Part 1 for creditors with PF hat could result in a claim. red Leases (Official Form 10 red by Property. If more spa	RIORITY claims and I Also list executory of 6G). Do not include ace is needed, copy	contracts on Schedule A/B any creditors with partiall the Part you need, fill it ou	B: Property (Officially secured claims it, number the ent	al Form 106A/B) and on that are listed in ries in the boxes on the
name and ca	ne Continuation Page to this page se number (if known). List All of Your PRIORITY Uns	•	to report in a Part, o	do not file that Part. On the	e top of any addit	ional pages, write your
	creditors have priority unsecured					
_	Go to Part 2.					
☐ Yes.	50 10 1 411 21					
3. Do any o	List All of Your NONPRIORITY creditors have nonpriority unsect You have nothing to report in this pa	ured claims against you?	rt with your other sche	edules.		
4. List all o	of your nonpriority unsecured cla ed claim, list the creditor separately e creditor holds a particular claim, lis	for each claim. For each clain	n listed, identify what t	type of claim it is. Do not list	claims already incl	luded in Part 1. If more Continuation Page of
						Total claim
	nk of America priority Creditor's Name	Last 4 digits	of account number	1336		\$3,354.19
	) Box 15019	When was th	e debt incurred?			
	Imington, DE 19886-5019 mber Street City State Zip Code	As of the dat	a you file the claim	is: Check all that apply		
	o incurred the debt? Check one.	As of the dat	e you me, me ciami	is. Check all that apply		
_	Debtor 1 only	☐ Contingen	•			
	Debtor 2 only	☐ Unliquidat				
_	Debtor 1 and Debtor 2 only	☐ Disputed				
_	At least one of the debtors and anot	T(NON	PRIORITY unsecure	d claim:		
	Check if this claim is for a comm	П с	ans			
deb Is ti			• .	aration agreement or divorce	that you did not	
is ti	he claim subject to offset?	report as prior	-	ng plans, and other similar d	ehts	
	No Yes	·	·	ous Consumer Purcl		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 3

Debtor	1 Christine	M. Griffin		Case nu	ımber (if known)	5:19-bk-0341	5
4.2	вв&т		Last 4 digits of account number	7001			\$4,200.00
	Nonpriority Cre 223 West N	lash Street	When was the debt incurred?				
	Wilson, NC	City State Zip Code	As of the date you file, the claim	ie: Chock	all that apply		
		the debt? Check one.	As of the date you me, the claim	is. Check	. ан тат арргу		
	Debtor 1 on		По и				
	Debtor 2 on	•	☐ Contingent				
		•	Unliquidated				
	_	d Debtor 2 only	☐ Disputed				
		e of the debtors and another	Type of NONPRIORITY unsecure	a claim:			
		is claim is for a community	☐ Student loans				
	debt Is the claim su	ubject to offset?	Obligations arising out of a separeport as priority claims	aration ag	reement or divorce	that you did not	
	■ No	•	☐ Debts to pension or profit-shari	ng plans, a	and other similar de	ebts	
	□ Yes		Other. Specify Personal L	.oan			
			— Other. Specify				
4.3	KML Law G		Last 4 digits of account number				\$1.00
	Nonpriority Cre		Mile are supposed to a district in assume dO				
		Street, Ste. 5000 ependence Center	When was the debt incurred?				
		ia, PA 19106-1532					
-		City State Zip Code	As of the date you file, the claim	is: Check	all that apply		
		the debt? Check one.					
	☐ Debtor 1 on	•	☐ Contingent				
	Debtor 2 on	ly	☐ Unliquidated				
	Debtor 1 an	d Debtor 2 only	☐ Disputed				
	At least one	e of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
		is claim is for a community	☐ Student loans				
	debt	ubject to offset?	Obligations arising out of a separeport as priority claims	aration ag	reement or divorce	that you did not	
	No	ibject to onset:	Debts to pension or profit-shari	ng plans a	and other similar de	ebts	
	<b>—</b> NO		Counsel for	•			
	☐ Yes		Other. Specify Notice Onl				
D 40							
Part 3:		s to Be Notified About a Debt	•				
is tryir have r	ng to collect from	om you for a debt you owe to some	out your bankruptcy, for a debt that eone else, list the original creditor in ou listed in Parts 1 or 2, list the add submit this page.	n Parts 1	or 2, then list the	collection agency h	ere. Similarly, if you
Part 4:	Add the A	mounts for Each Type of Uns	ecured Claim				
	the amounts of f unsecured cla		s. This information is for statistical i	reporting	purposes only. 28	8 U.S.C. §159. Add tl	ne amounts for each
					Total	Claim	
	6a.	Domestic support obligations		6a.	\$	0.00	
Total					<del></del>		
claims from Pa	rt 1 6b.	Taxes and certain other debts y	ou owe the government	6b.	\$	0.00	
	6c.	Claims for death or personal inj	ury while you were intoxicated	6c.	\$	0.00	
	6d.	Other. Add all other priority unsec	tured claims. Write that amount here.	6d.	\$	0.00	
	0-	Total Brigarity A LLP 0.00		0-			
	6e.	Total Priority. Add lines 6a through	gn 6a.	6e.	\$	0.00	
					Total	Claim	
	6f.	Student loans		6f.	\$	0.00	
Total claims							
from Pa	rt 2 6g.		aration agreement or divorce that	6~	¢	0.00	
	6h.	you did not report as priority cla Debts to pension or profit-shari	aims ng plans, and other similar debts	6g. 6h.	\$ \$	0.00	
	0.11.				₩	0.00	

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

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Page 2 of 3

Debtor 1 Christine M. Griffin Case number (if known) 5:19-bk-03415

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6j. **Total Nonpriority.** Add lines 6f through 6i.

<sup>6i.</sup> \$ **7,555.19** 

6j. \$ **7,555.19** 

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Fill in this infor	rmation to identify your	case:		
Debtor 1	Christine M. Griff	in		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA	
Case number	5:19-bk-03415			
(if known)				☐ Check if this is a amended filing

#### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3				·	
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

	s information to identify your				
Debtor 1	Christine M. Griff	Middle Name	Last Name		
Debtor 2	. not realis	mado rame	<u> </u>		
(Spouse if, fil	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA		
Case num	nber <b>5:19-bk-03415</b>				
(if known)					Check if this is an amended filing
Officia	al Form 106H				
	dule H: Your Cod	ehtors			12/15
Jenet	dale II. Tour ood	eptor3			12/13
people are	s are people or entities who a e filing together, both are equ and number the entries in the e and case number (if known)	ally responsible for supple boxes on the left. Attack	olying correct information. In the Additional Page to this	If more space is needed, co	opy the Additional Page,
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse as a	codebtor.	
□ No	1				
■ Ye	s				
	thin the last 8 years, have you				nd territories include
_			•	,	
	o. Go to line 3. s. Did your spouse, former spo	use or logal equivalent liv	o with you at the time?		
<b>□</b> 16	s. Dia your spouse, former spor	ase, or legal equivalent live	e with you at the time:		
in lin Form	olumn 1, list all of your codebt e 2 again as a codebtor only i 106D), Schedule E/F (Official Column 2.	if that person is a guaran	ntor or cosigner. Make sure	you have listed the credito	or on Schedule D (Official
	Column 1: Your codebtor			Column 2: The creditor to w	
	Name, Number, Street, City, State and Z	.P Code		Check all schedules that app	oly:
2.1	Corold Griffin			<b>=</b> 0 5	_
3.1	Gerald Griffin			■ Schedule D, line <b>2.3</b> □ Schedule E/F, line	
				☐ Schedule E/F, line ☐ Schedule G	
				M&T Bank	
3.2	Gerald Griffin			☐ Schedule D, line	_
				Schedule E/F, line4	4.3
				☐ Schedule G	
				KML Law Group, P.C.	
3.3	Gerald Griffin			■ Schedule D, line 2.1	1
-				■ Schedule B, line <u>2.1</u> ☐ Schedule E/F, line	<del></del>
				☐ Schedule G	
				BB&T	

BB&T

Fill in this informa	tion to identify your case:	
Debtor 1	Christine M. Griffin	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
Case number	5:19-bk-03415	Check if this is:
(If known)		☐ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	rm 106l	MM / DD/ YYYY
Schedule	I: Your Income	12/15
supplying correct	nd accurate as possible. If two married people are filing together (Deb t information. If you are married and not filing jointly, and your spouse e separated and your spouse is not filing with you, do not include info	is living with you, include information about your

**Describe Employment** Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Corrections Unit Manager** Self-Employed Include part-time, seasonal, or **Employer's name** Commonwealth of PA **Trucking Company** self-employed work.

attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

or homemaker, if it applies.

How long employed there?

18 years

Part 2: Give Details About Monthly Income

Occupation may include student

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

**Employer's address** 

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 7,689.07 \$ 0.00
3. +\$ 0.00 +\$ 0.00
4. \$ 7,689.07 \$ 0.00

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

					For Debtor 1				or Debtor on-filing s		
	Сору	y line 4 here	4.		\$	7,689	9.07	\$		0.0	
5.	List a	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	2,022	2.73	\$		0.0	0
	5b.	Mandatory contributions for retirement plans	5b.		\$	(	0.00	\$		0.0	0
	5c.	Voluntary contributions for retirement plans	5c.		\$		0.00	\$		0.0	0
	5d.	Required repayments of retirement fund loans	5d.		\$	(	0.00	\$		0.0	0
	5e.	Insurance	5e.		\$	672	2.79	\$		0.0	0
	5f.	Domestic support obligations	5f.		\$	(	0.00	\$		0.0	0_
	5g.	Union dues	5g.		\$	(	0.00	\$_		0.0	0_
	5h.	Other deductions. Specify: Deferred Compensation	_ 5h.	.+	\$	40	0.00	+ \$		0.0	0_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$	2,73	5.52	\$		0.0	0_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$	4,95	3.55	\$		0.0	0_
8.	List a 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$		0.00	\$		415.6	7
	8b.	Interest and dividends	8b.		\$	(	0.00	\$		0.0	0
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$		0.00	\$		0.0	0
	8d.	Unemployment compensation	8d.		\$	(	0.00	\$		0.0	0
	8e.	Social Security	8e.		\$	(	0.00	\$		0.0	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$		0.00	\$		0.0	0_
	8g.	Pension or retirement income	8g.		\$		0.00	\$		0.0	<u>0</u>
	8h.	Other monthly income. Specify:	_ 8h.	.+	\$	(	0.00	+ \$		0.0	0_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$			0.00	\$_		415.	67
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	4,9	53.55	+ \$_		415.67	= \$	5,369.22
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  of include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		-						0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines							e. 12.	\$	5,369.22
13.		ou expect an increase or decrease within the year after you file this form	?							Comb	oined hly income
	П	Yes, Explain:									

Official Form 106l Schedule I: Your Income page 2

						1		
FIII	in this informa	ation to identify yo	our case:					
Deb	otor 1	Christine M.	Griffin			Che	eck if this is:	
<u>.</u>							An amended filing	
!	otor 2 ouse, if filing)							wing postpetition chapter the following date:
(Opt	ouse, ii iiiiig)						TO expenses do of	the following date.
Unit	ted States Bank	ruptcy Court for the	: MIDDL	E DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
Cas	se number 5	:19-bk-03415						
(If k	nown)							
Of	fficial Fo	orm 106J				•		
		J: Your	Eyner	1696				12/15
Be info	as complete ormation. If n	and accurate as	possible eded, atta	. If two married people a				or supplying correct
		ribe Your House	hold					
1.	Is this a joi							
	■ No. Go t		:	ata hawaahald0				
		es Debtor 2 live i	ın a separ	ate nousenoid?				
			st file Offici	al Form 106J-2, <i>Expense</i>	es for Separate House	ehold of De	btor 2.	
2.	Do you hav	ve dependents?	□ No					
	Do not list Debtor 2.	Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	e the						□ No
	dependents				Daughter		17	■ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No
3.	Do vour ex	penses include	_	N.				☐ Yes
٠.	expenses of	of people other to ad your depende	han $_{oldsymbol{\sqcap}}$	No Yes				
Est	imate your e		our bankr	uptcy filing date unless				
•	penses as of plicable date.		bankruptc	y is filed. If this is a sup	oplemental <i>Schedule</i>	J, check t	the box at the top o	f the form and fill in the
				government assistance				
	ficial Form 1		a nave in	naaca it on <i>concaan</i> c n	rour moome		Your exp	enses
4.		or home owners		ses for your residence.	Include first mortgage	e 4.	\$	550.00
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
	4b. Prope	erty, homeowner's	s, or renter	's insurance		4b.	\$	0.00
				upkeep expenses		4c.	:	100.00
5		eowner's associat		dominium dues our residence, such as h	omo oquity loopo	4d. 5.	·	0.00 180.00
	Augutional	orioade DavM(	erns for vo	no residence, such as fi	one eomy loans		.n	100 00

Official Form 106J Schedule J: Your Expenses page 1

Debtor 1 Chi	ristine M. Griffin	Case number (if known)	5:19-bk-03415
. Utilities:			
	ctricity, heat, natural gas	6a. \$	400.00
	ter, sewer, garbage collection	6b. \$	185.00
	ephone, cell phone, Internet, satellite, and cable services	6c. \$	400.00
	er. Specify:	6d. \$	0.00
	I housekeeping supplies	7. \$	800.00
	e and children's education costs	8. \$	0.00
	laundry, and dry cleaning	9. \$	
	care products and services	10. \$	100.00 170.00
	and dental expenses	11. \$	
	•	П. Ф	160.00
-	tation. Include gas, maintenance, bus or train fare.	12. \$	300.00
	ment, clubs, recreation, newspapers, magazines, and books	13. \$	135.00
	e contributions and religious donations	14. \$	100.00
. Insurance	•	ιπ. ψ	100.00
	clude insurance deducted from your pay or included in lines 4 or 20.		
	insurance	15a. \$	170.00
	alth insurance	15b. \$	0.00
	nicle insurance	15c. \$	100.00
	er insurance. Specify:	15d. \$	0.00
	o not include taxes deducted from your pay or included in lines 4 or 20.	13α. ψ	0.00
Specify:	o not include taxes deducted from your pay of included in lines 4 of 20.	16. \$	0.00
	nt or lease payments:		0.00
	payments for Vehicle 1	17a. \$	250.00
	payments for Vehicle 2	17b. \$	0.00
	er. Specify:	17c. \$	0.00
	er. Specify:	17d. \$	0.00
	ments of alimony, maintenance, and support that you did not report	·	0.00
	I from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106		0.00
. Other pay	ments you make to support others who do not live with you.	\$	0.00
Specify:		19.	
	Il property expenses not included in lines 4 or 5 of this form or on Se	chedule I: Your Income.	
20a. Mor	rtgages on other property	20a. \$	0.00
20b. Rea	al estate taxes	20b. \$	0.00
20c. Pro	perty, homeowner's, or renter's insurance	20c. \$	0.00
	intenance, repair, and upkeep expenses	20d. \$	0.00
	meowner's association or condominium dues	20e. \$	0.00
. Other: Sp	acify:	21. +\$	0.00
. <b>-</b>	ecity.	Σ''. 'Ψ	0.00
. Calculate	your monthly expenses		
22a. Add I	lines 4 through 21.	\$	4,100.00
22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	2 \$	
22c. Add I	line 22a and 22b. The result is your monthly expenses.	\$	4,100.00
			-,
	your monthly net income.		_
	by line 12 (your combined monthly income) from Schedule I.	23a. \$	5,369.22
23b. Cop	by your monthly expenses from line 22c above.	23b\$	4,100.00
230 Suh	otract your monthly expenses from your monthly income.		
	e result is your <i>monthly net income</i> .	23c. \$	1,269.22
	xpect an increase or decrease in your expenses within the year after		ease or decrease because of
	n to the terms of your mortgage?	,	
■ No.			
☐ Yes.	Explain here:		

ebtor 1	Christine M. Griff	in		
	First Name	Middle Name	Last Name	
ebtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Inited States B	ankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA	
ase number	5:19-bk-03415			
known)				☐ Check if this is a
				amended filing

Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sigr	n Below	
Did you pa	y or agree to pay someone who is NOT an atto	rney to help you fill out bankruptcy forms?
■ No		
☐ Yes. N	Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
X /s/ Christi Signatur	alty of perjury, I declare that I have read the sun e true and correct.  istine M. Griffin ine M. Griffin re of Debtor 1  October 9, 2019	nmary and schedules filed with this declaration and  X Signature of Debtor 2  Date

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

Fill	in this inforn	nation to identify you	r case:			
Deb	otor 1	Christine M. Gri				
Dok	otor 2	First Name	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bai	nkruptcy Court for the:	MIDDLE DISTRICT OF P	ENNSYLVANIA		
Cas	se number	5:19-bk-03415				
	own)				_	heck if this is an mended filing
						monaca ming
∩f	ficial Fo	rm 107				
		-	Affairs for Individ	luals Filing for B	ankruntev	4/19
info	rmation. If m	ore space is needed,	attach a separate sheet to		equally responsible for sup additional pages, write you	
num	ber (if knowr	n). Answer every que	stion.			
Par	t 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is you	current marital statu	ıs?			
	Morriad					
	<ul><li>Married</li><li>Not mar</li></ul>	ried				
2.	During the I	net 3 voore have vou	lived anywhere other than	whore you live new?		
۷.	During the id	ist 3 years, nave you	iived allywhere other than	where you live now :		
	■ No					
		t all of the places you	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
			lived there			lived there
<b>3.</b> state					ity property state or territory co, Texas, Washington and W	
otati	_	50 morado / m.20ma, 50			oo, ronae, rraeig.e ana ri	,
	■ No	les soms our fill and Ca	hadula II. Varin Cadabtana (Ci	finial Farm 40011)		
		ike sure you fill out Sci	hedule H: Your Codebtors (Of	TICIAI FORM 106H).		
Par	t 2 Explai	n the Sources of You	r Income			
4.	Did you have	any income from er	nnlovment or from operatin	a a husiness during this ve	ear or the two previous caler	ndar vears?
••	Fill in the total	al amount of income yo	u received from all jobs and a have income that you receive	all businesses, including part-	time activities.	idai yedio.
			,			
	□ No ■ Ves Fill	in the details.				
	■ 162. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions
				exclusions)		and exclusions)
		year before that: cember 31, 2017)	■ Wages, commissions, bonuses, tips	\$78,112.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

5.	Include in	come regard public benef	lless of whether it payments; p	er that incor pensions; re	me is taxable. Ex ental income; inte	kamples o erest; divid	dends; money coll	e alimony; child su	s; royalties; an	ecurity, unemployment, d gambling and lottery
	List each	source and t	he gross inco	me from ead	ch source separa	ately. Do ı	not include income	e that you listed in	line 4.	
	■ No □ Yes.	Fill in the de	etails.							
				Debtor 1				Debtor 2		
				Sources o Describe b		each (before	s income from source re deductions and sions)	Sources of in Describe belo		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You	Made Befor	re You Filed for	Bankrup	otcy			
6.	□ No.	Neither De individual puring the No. Yes	ebtor 1 nor Deprimarily for a 90 days befor Go to line 7. List below expaid that created include pto adjustment or Debtor 2 or 90 days befor Go to line 7. List below exinclude payr attorney for	ebtor 2 has personal, fare you filed to ach creditor ditor. Do not be ayments to on 4/01/22 be both have re you filed to ach creditor ments for do	amily, or househousehousehousehousehousehousehouse	did you pa did you pa did a total ents for do this bankr ars after th sumer det did you pa did a total obligations	y any creditor a to of \$6,825* or more mestic support ob truptcy case. at for cases filed of the contract of \$600 or more at t	e in one or more poligations, such as on or after the date otal of \$600 or more and the total amounts	nore?  ayments and the child support a e of adjustment e?  ant you paid that the child support a display the child	
7.	Insiders in of which y a business alimony.	nclude your rou are an off s you operate	elatives; any officer, director,	general part person in c oprietor. 11	y, did you make tners; relatives of control, or owner	a payme f any geno of 20% or	eral partners; part r more of their voti	still owe owed anyone whenerships of which	no was an insi you are a gene any managing	der? ral partner; corporations agent, including one for
		Name and		naci.	Dates of payme	ent	Total amount	Amount you	Reason fo	or this payment
							paid	still owe		
8.	insider? Include pa	ayments on c	-	eed or cosig	<b>y, did you make</b> gned by an inside		ments or transfe	r any property on	account of a	debt that benefited an
	Insider's	Name and	Address		Dates of payme	ent	Total amount	Amount you		or this payment
							paid	still owe	include cre	editor's name

Case number (if known) 5:19-bk-03415

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Debtor 1 Christine M. Griffin

Official Form 107

more than \$600 Charity's Name

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

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Address (Number, Street, City, State and ZIP Code)

contributed

Por	t 6: List Certain Losses					
	t 6: List Certain Losses  Within 1 year before you filed for bankrup or gambling?	otcy or	since you filed for bankruptcy, did y	ou lose anyti	hing because of the	ft, fire, other disaster,
	■ No □ Yes. Fill in the details.					
	how the loss occurred	Include	be any insurance coverage for the loe the amount that insurance has paid. Lince claims on line 33 of Schedule A/B: I	ist pending	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pr	reparir	ng a bankruptcy petition?			erty to anyone you
	☐ No ■ Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	011	Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment
	Mark J. Conway, Esq. 502 S. Blakely Street Dunmore, PA 18512	ou	Includes \$310.00 Filing Fee		7/2019	\$2,800.00
	DebtorCC				8/2019	\$14.99
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that you have a large of the promised to help you deal with your cred Do not include any payment or transfer that you have a large of the promised to help you have a large of the promised to help you have a large of the promised to help you deal with your cred to help you have you ha	itors o	r to make payments to your creditors	s?	r transfer any prope  Date payment	erty to anyone who
	Address		transferred		or transfer was made	payment
18.	Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alreed No Yes. Fill in the details.	r <b>busin</b> made a	ess or financial affairs? as security (such as the granting of a se		•	
	Person Who Received Transfer Address  Person's relationship to you		Description and value of property transferred		any property or received or debts change	Date transfer was made
19.	Within 10 years before you filed for bankr beneficiary? (These are often called asset-)  No  Yes. Fill in the details.			elf-settled tru	st or similar device	of which you are a
	Name of trust		Description and value of the prope	rty transferre	ed	Date Transfer was made

Case number (if known) 5:19-bk-03415

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

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Debtor 1 Christine M. Griffin

Par	t 8: List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and Sto	orage Unit	s	
20.	Within 1 year before you filed for bankruptor sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assortion.	or other financial accou	ınts; certificates	of deposit		
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	r bankruptcy, an	y safe dep	oosit box or other deposit	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than you	r home within 1	year befor	e you filed for bankruptcy	/?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)	Do you still have it?			
Par	t 9: Identify Property You Hold or Contro	,				
23.	Do you hold or control any property that so for someone.		lude any propert	y you borr	owed from, are storing fo	or, or hold in trust
	■ No					
	Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value
Par	t 10: Give Details About Environmental Inf	formation				
For	the purpose of Part 10, the following definit	ions apply:				
	Environmental law means any federal, state toxic substances, wastes, or material into regulations controlling the cleanup of thes	the air, land, soil, surfac	e water, ground			
_	Site means any location, facility, or propert to own, operate, or utilize it, including disp	osal sites.				
	Hazardous material means anything an env hazardous material, pollutant, contaminant		as a hazardous	waste, ha	zardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings th	nat you know about, reg	ardless of when	they occu	rred.	
24.	Has any governmental unit notified you that	nt you may be liable or μ	otentially liable	under or i	n violation of an environm	nental law?
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental un Address (Number, ZIP Code)			onmental law, if you it	Date of notice

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

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Del	otor 1 Christine M. Griffin		Case number (if known)	5:19-bk-03415
25.	Have you notified any governmental unit of	any release of hazardous material?		
	No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law know it	, if you Date of notice
26.	Have you been a party in any judicial or adm	ninistrative proceeding under any envir	onmental law? Include	e settlements and orders.
	No			
	Yes. Fill in the details.  Case Title	Court or agoney	Nature of the case	Status of the
	Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	case
Par	t 11: Give Details About Your Business or	Connections to Any Business		
27.	Within 4 years before you filed for bankrupt	cy, did you own a business or have any	of the following conr	ections to any business?
	☐ A sole proprietor or self-employed in	n a trade, profession, or other activity, e	either full-time or part-	time
	☐ A member of a limited liability comp	any (LLC) or limited liability partnership	p (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing exc	ecutive of a corporation		
	☐ An owner of at least 5% of the voting	g or equity securities of a corporation		
	■ No. None of the above applies. Go to F	Part 12.		
	Yes. Check all that apply above and fill	in the details below for each business.		
	Business Name	Describe the nature of the business	Employer Identifi	
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include So	ocial Security number or ITIN.
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to	o anyone about your b	usiness? Include all financial
	No			
	Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		
Par	t 12: Sign Below			
are with 18 U	we read the answers on this <i>Statement of Fin</i> true and correct. I understand that making a a bankruptcy case can result in fines up to \$1.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, o	r obtaining money or	
	Christine M. Griffin ristine M. Griffin	Signature of Debtor 2		
_	nature of Debtor 1	· ·		
Dat	October 9, 2019	Date		
<b>■</b> N		nt of Financial Affairs for Individuals Fi	iling for Bankruptcy (C	official Form 107)?
□ Y	es			
_	you pay or agree to pay someone who is not	an attorney to help you fill out bankrup	otcy forms?	
■ N	lo ′es. Name of Person   . Attach the <i>Bankru</i> j	ptcy Petition Preparer's Notice. Declaration	n, and Signature (Officia	al Form 119).
	·	ent of Financial Affairs for Individuals Filing	,	page <b>6</b>
Softw	are Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.co	om		Best Case Bankruptcy

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Fill in this inform	nation to identify your case:	
Debtor 1	Christine M. Griffin	
Debtor 2 (Spouse, if filing)		
United States B	Bankruptcy Court for the: Middle District of Pennsylvania	
Case number (if known)	5:19-bk-03415	

According to the calculations required by this Statement:	
<ul><li>1. Disposable income is not determined und 11 U.S.C. § 1325(b)(3).</li></ul>	r
<ul> <li>2. Disposable income is determined under 1 U.S.C. § 1325(b)(3).</li> </ul>	
3. The commitment period is 3 years.	
4. The commitment period is 5 years.	

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

■ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

						lumn A btor 1	 mn B or 2 or filing spouse
Your gross wages, salary, tip payroll deductions).	os, bonuse:	s, overtime	, and	commissions (before a	II \$_	7,689.07	\$ 0.00
Alimony and maintenance pa Column B is filled in.	ayments. D	o not include	e payr	ments from a spouse if	\$_	0.00	\$ 0.00
All amounts from any source of you or your dependents, in from an unmarried partner, me and roommates. Do not include you listed on line 3.  Net income from operating a	ncluding cl mbers of yo e payments	nild suppor our househol	<b>t.</b> Incl d, you	ude regular contribution ur dependents, parents,		0.00	\$ 0.00
ousiness, profession, or farm	Dalita.	r 1	D	Pebtor 2			
ross receipts (before all eductions)	\$	0.00	\$	415.67			
Ordinary and necessary operating expenses	-\$	0.00	-\$_	0.00			
Net monthly income from a business, profession, or farm	\$	0.00	\$	415.67 Copy	·>\$ _	0.00	\$ 415.67
Net income from rental and o	other real p	roperty	Debt				
Gross receipts (before all dedu	ictions)		\$	0.00			
Ordinary and necessary opera-	ting expens	es	-\$	0.00			
Net monthly income from renta	l or other re	al property	\$	0.00 Copy here	->\$_	0.00	\$ 0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 1

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period page 2

16	. Calculate the median family income that applies to y	ou. Follow these steps:			
	16a. Fill in the state in which you live.	PA			
	16h Fill in the number of people in your household	3			
	16b. Fill in the number of people in your household.		¢ 82,518.00		
	16c. Fill in the median family income for your state and To find a list of applicable median income amounts instructions for this form. This list may also be avail	, go online using the link specified in the se	Ψ		
17	How do the lines compare?				
	17a. Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N				
		lation of Your Disposable Income (Office	able income is determined under 11 U.S.C. § cial Form 122C-2). On line 39 of that form, copy		
Par	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Copy your total average monthly income from line 1	1	\$\$		
19.	Deduct the marital adjustment if it applies. If you are contend that calculating the commitment period under 1 spouse's income, copy the amount from line 13.	1 U.S.C. § 1325(b)(4) allows you to deduct	part of your		
	19a. If the marital adjustment does not apply, fill in 0 on	line 19a.	-\$0.00		
	19b. Subtract line 19a from line 18.		\$8,104.74		
20.	Calculate your current monthly income for the year.	Follow these steps:			
	20a. Copy line 19b	·	\$8,104.74		
	Multiply by 12 (the number of months in a year).		<b>x</b> 12		
	20b. The result is your current monthly income for the y	ear for this part of the form	\$ 97,256.88		
	20c. Copy the median family income for your state and	size of household from line 16c	\$ <u>82,518.00</u>		
	21. How do the lines compare?				
	☐ Line 20b is less than line 20c. Unless otherwi	se ordered by the court, on the top of page	1 of this form, check box 3, <i>The commitment</i>		
	period is 3 years. Go to Part 4.	, , , , , ,	,		
	Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.				
Par	t4: Sign Below				
	By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.				
)	/s/ Christine M. Griffin				
^	Christine M. Griffin Signature of Debtor 1				
	Date October 9, 2019				
	MM / DD / YYYY  If you checked 17a, do NOT fill out or file Form 122C-2.				
	If you checked 17b, fill out Form 122C-2 and file it with t	his form. On line 39 of that form, copy your	current monthly income from line 14 above		
	, 5 5 5 10 5 10 5 1 1 5 1 11 1 5 4t 1 5 1 11 1 1 2 2 5 2 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		caon monany moone nom line 14 above.		

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

Debtor 1

Fill in this info	rmation to identify your case:	
Debtor 1	Christine M. Griffin	
Debtor 2 (Spouse, if filing United States E	g) Bankruptcy Court for the: Middle District of Pennsylvania	
Case number (if known)	5:19-bk-03415	☐ Check if this is an amended filing
Official Form 1. Chapter	<sub>22C-2</sub> 13 Calculation of Your Disposable Ir	ncome

04/19

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1.446.00

Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Official Form 122C-2

**Chapter 13 Calculation of Your Disposable Income** 

Debtor 1 Christine M. Griffin Case number (if known) 5:19-bk-03415

_				· ·	
People v	who are under 65 years of age				
7a.	Out-of-pocket health care allowance per person	\$ 55			
7b.	Number of people who are under 65	X 3			
7c.	Subtotal. Multiply line 7a by line 7b.	\$ 165.00	Copy here=>	\$ 165.00	
People v	who are 65 years of age or older				
7d.	Out-of-pocket health care allowance per person	\$ 114			
7e.	Number of people who are 65 or older	x <u> </u>			
7f.	Subtotal. Multiply line 7d by line 7e.	\$ 0.00	Copy here=>	\$0.00	
7g.	Total. Add line 7c and line 7f		\$165.00	Copy total here=>	\$165.00
Local St	tandards You must use the IRS Local Standards t	o answer the questio	ns in lines 8-15.		
	on information from the IRS, the U.S. Trustee Proportion	gram has divided th	e IRS Local Standard	for housing for	
Hous	sing and utilities - Insurance and operating expen	ses			
_	sing and utilities - Mortgage or rent expenses				
separate 8. Hou	ver the questions in lines 8-9, use the U.S. Truste e instructions for this form. This chart may also busing and utilities - Insurance and operating expense the dollar amount listed for your county for insurance	e available at the benses: Using the nur	ankruptcy clerk's officence of people you enter	ce.	pecified in the 677.00
	using and utilities - Mortgage or rent expenses:	and operating expen	303.	· <u>-</u>	
	Using the number of people you entered in line 5, flisted for your county for mortgage or rent expense		nt	\$ 811.00	
9b.	Total average monthly payment for all mortgages a	and other debts secu	red by your home.		
	To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.				
	Name of the creditor	Average mor payment	nthly		
	-NONE-	\$\$			
	9b. Total average monthly paymer	s	0.00 Copy here=>	\$	Repeat this amount on line 33a.
9c.	Net mortgage or rent expense.				
	Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, ent		e \$	811.00 Copy here=>	\$811.00
affe	ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fil			s incorrect and	\$

Official Form 122C-2

are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly

	\$		
Total Average Monthly Payment	\$ Copy here => -\$	0.00	Repeat this amount on line 33b.
Vehicle 1 ownership or lease expense		Col	ov net

payment

	Vehicle	:1	
\$ 0.00	expens =>	e here \$	0.00

Vehicle 2 Describe Vehicle 2:

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
	\$

Total average monthly payment

\$ Copy Repeat this amount on line 33c.

\$0.00	Copy net Vehicle 2 expense her =>	e \$	0.00
--------	--	---------	------

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00	

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

Official Form 122C-2

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount thing that you pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.  To involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  S	Oth		n addition to the expense deduc he following IRS categories.	tions listed above	, you are allowed your monthly expenses	for	
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  ■ as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  10.00  11. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  12. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required that is required to the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25.  12. Optional telephone and telephone services. The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call walting, caller identification, special long distance, or business cell phone service, to the extent necessary for you health and welfare or that of your dependents or for the production	16.	self-employment taxes, social your pay for these taxes. How and subtract that number from	Il security taxes, and Medicare to wever, if you expect to receive a m the total monthly amount that	axes. You may inc tax refund, you m	clude the monthly amount withheld from ust divide the expected refund by 12	\$	2,022.73
contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are fliing together, include payments that you make for your spouse's term life insurance. If two married people are fliing together, include payments to file insurance on your dependents, for a non-fliing spouse's life insurance, or for any form of life insurance of the flant term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  a sa condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as bebysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance corsts: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagess, call walting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of you	17	•		ns that your job red	quires, such as retirement		
B. Life Insurance: The total monthly permitures that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include permitted for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  2. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as a garges, call waiting, caller identification, special long distance, or business cell phone service, to the other includes a surface and your dependents, such as a garges, call waiting, caller identification, special long distance, or business cell phone service		-	, , ,	is that your job re-	quires, such as remoment		2.22
filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  10. Court-orderd payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do out include payments on that you pay for education that is either required:  To you physically or mentally challenged dependent child if no public education is available for similar services.  Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  20. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or you and your dependents, such as pagers, such such as later to read that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  20. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, all writing, called in elementication, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122c-1, or any		Do not include amounts that	are not required by your job, suc	ch as voluntary 40	1(k) contributions or payroll savings.	\$	0.00
administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that you pay for telecommunication services for you and your dependents such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4.5 Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance.  So your dependents.  Health insurance  \$ 672.79  Do you actually spend this total amount?  Note: Do not include any expense allowances.  \$ 0.00  Total  Note to work and the proving	18.	filing together, include payme Do not include premiums for	ents that you make for your spou life insurance on your depender	ıśe's term life insu	rance.	\$	0.00
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21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 672.79  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will		_ ′ ′	•			•	0.00
Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account sthat are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 672.79  Disability insurance  \$ 672.79  Do you actually spend this total amount?  No. How much do you actually spend?  Pos your actually spend this total amount?  No. How much do you actually spend?  Continued contributions to the care of household or family members. The actual monthly expenses that you will		for your physically or men	tally challenged dependent child	d if no public educ	ation is available for similar services.	\$	0.00
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  \$ 0.00  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, but he extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4\$ 0.00  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance.  \$ 672.79  Disability insurance  \$ 0.00  Health savings account  +\$ 0.00  Do you actually spend this total amount?  No. How much do you actually spend?  No. How much do you actually spend?  Pyes  \$	21.			·	sitting, daycare, nursery, and preschool.	\$	0.00
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 672.79  Disability insurance  \$ 672.79  Disability insurance  \$ 0.00  Health savings account  +\$ 0.00  Total  \$ 672.79  Copy total here=>  \$ 672.79  No. How much do you actually spend?  Pyes  \$	22.	that is required for the health	and welfare of you or your depe	endents and that is	s not reimbursed by insurance or paid		0.00
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4\$ add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 672.79  Disability insurance  \$ 0.00  Health savings account  +\$ 0.00  Total  \$ 672.79  Copy total here=> \$ 672.79  No. How much do you actually spend?  Yes  \$		Payments for health insurance	ce or health savings accounts sh	ould be listed only	y in line 25.	\$	0.00
Add lines 6 through 23.  Add lines 6 through 23.  Add lines 6 through 23.  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 672.79  Disability insurance  \$ 0.00  Health savings account  + \$ 0.00  Total  \$ 672.79  Copy total here=> \$ 672.79  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will	20.	for you and your dependents phone service, to the extent r income, if it is not reimbursed Do not include payments for	, such as pagers, call waiting, can necessary for your health and wi d by your employer. basic home telephone, internet a	aller identification, elfare or that of yo and cell phone sel	special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment	+\$	0.00
Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 672.79  Disability insurance  \$ 0.00  Health savings account  + \$ 0.00  Total  \$ 672.79  Copy total here=> \$ 672.79  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will	24.		owed under the IRS expense a	allowances.		\$	5,121.73
25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 672.79  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 672.79 Copy total here=> \$ 672.79  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$	Add	•	These are additional deduct	tions allowed by th	ne Means Test.		
insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 672.79   Disability insurance \$ 0.00   Health savings account + \$ 0.00    Total \$ 672.79   Copy total here=> \$ 672.79    Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$		·	Note: Do not include any ex	pense allowances	s listed in lines 6-24.		
Disability insurance \$ 0.00  Health savings account + \$ 0.00  Total \$ 672.79 Copy total here=> \$ 672.79  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$	25.	insurance, disability insurance				r	
Health savings account  + \$ 0.00  Total  \$ 672.79  Copy total here=> \$ 672.79  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will		Health insurance	\$	672.79			
Total  \$ 672.79 Copy total here=> \$ 672.79  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will		Disability insurance	\$	0.00			
Do you actually spend this total amount?  No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will		Health savings account	+ \$ _	0.00	_		
<ul> <li>No. How much do you actually spend?</li> <li>Yes \$</li></ul>		Total	\$	672.79	Copy total here=>	\$	672.79
<ul> <li>No. How much do you actually spend?</li> <li>Yes \$</li></ul>							
26. Continued contributions to the care of household or family members. The actual monthly expenses that you will		_ ′ ′ ′					
		Yes	\$				
continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)	26.	continue to pay for the reason your household or member o	nable and necessary care and s f your immediate family who is u	upport of an elder inable to pay for s	ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00
27. <b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	27.	Protection against family v	iolence. The reasonably necess	sary monthly expe	nses that you incur to maintain the		
By law, the court must keep the nature of these expenses confidential. \$\$			•		- · · · · · · · · · · · · · · · · · · ·	\$	0.00

Debtor 1

**Chapter 13 Calculation of Your Disposable Income** 

Debtor 1	Christine M. Griffin	Ca	se number (if knowr	5:19	9-bk-0	3415	<u>;                                    </u>
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance	e and operating	g expens	es on		
	If you believe that you have home energy c 8, then fill in the excess amount of home er	osts that are more than the home energy costergy costs	sts included in e	expenses	on line	e	
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must	show that the a	dditiona	I	\$	0.00
	Education expenses for dependent child \$170.83* per child) that you pay for your depublic elementary or secondary school.	ren who are younger than 18. The monthly pendent children who are younger than 18 y	y expenses (not ears old to atte	more th	an ate or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must ot already accounted for in lines 6-23.	explain why the	e amoun	t		
	* Subject to adjustment on 4/01/22, and eve	ery 3 years after that for cases begun on or a	fter the date of	adjustm	ent.	\$	0.00
		he monthly amount by which your actual foo allowances in the IRS National Standards. s in the IRS National Standards.					
		ional allowance, go online using the link spe to be available at the bankruptcy clerk's offic		arate			
	You must show that the additional amount of	claimed is reasonable and necessary.				\$	0.00
	<b>Continuing charitable contributions.</b> The instruments to a religious or charitable orga	amount that you will continue to contribute inization. 11 U.S.C. § 548(d)(3) and (4).	n the form of ca	sh or fin	ancial		
	Do not include any amount more than 15%	of your gross monthly income.				\$	0.00
						\$	672.79
	Add all of the additional expense deduct Add lines 25 through 31.	ions.				Φ_	
Ded	uctions for Debt Payment						
		in property that you own, including home	mortgages, ve	ehicle			
	oans, and other secured debt, fill in lines	•					
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually donkruptcy. Then divide by 60.	ue to each secu	ired			
	Mortgages on your home						rage monthly ment
33a.	Copy line 9b here				=>	\$	0.00
	Loans on your first two vehicles						
33b.	Copy line 13b here				=>	\$	0.00
33c.					=>	\$	0.00
33d.	List other secured debts:						
Nam	e of each creditor for other secured debt	Identify property that secures the debt		oes payn			
				insuran			
				insuran			
	-NONE-		or	insurand No		\$	
	-NONE-		or	insurand l No l Yes		\$_	
	-NONE-		or	insurand No Yes No		\$_	
	-NONE-		or	insurand No Yes No		\$_ \$_	
	-NONE-		or	insurand No Yes No Yes		· —	
	-NONE-		or — — — — — — — — — — — — — — — — — — —	insurand No Yes No Yes No		· —	
	-NONE-		or	insurand No Yes No Yes No		\$	
33e	-NONE-  Total average monthly payment. Add lines	33a through 33d	or	insurand No Yes No Yes No		\$_ \$_	0.00

**Chapter 13 Calculation of Your Disposable Income** 

	·····				,	····, <u>•··</u>			
	debts that you listed in lin property necessary for yo				,				
■ No.	Go to line 35.								
☐ Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i	essession of your property (	ddition to the called the cur	payments e amount).					
Name of the	creditor	Identify property that secu	res the debt		Total cure a	mount		onthly cu	ıre
-NONE-				\$		÷	60 = \$		
				Total	\$	0.00	Copy total here=>	\$	0.00
	owe any priority claims - s due as of the filing date o				at				
■ No.	Go to line 36.								
☐ Yes.	Fill in the total amount of a ongoing priority claims, su	II of these priority claims. Do		current or					
	Total amount of all past-o	lue priority claims			\$	0.00	÷ 60	\$	0.00
36. Projecte	d monthly Chapter 13 plar	n payment		;	\$				
Office of the Exec	nultiplier for your district as a the United States Courts (foutive Office for United State ist of district multipliers that included.	or districts in Alabama and N s Trustees (for all other dist	lorth Carolina ricts).	a) or by	x				
	nstructions for this form. This lis						0		
Average	monthly administrative expe	ense			\$		Copy total here=>		
	of the deductions for deb es 33e through 36.	t payment.						\$	0.00
Total Deduc	tions from Income								
38. Add all d	of the allowed deductions.								
	ne 24, All of the expenses all eallowances		\$	5,121.73	=				
Copy lir	ne 32, All of the additional ex	xpense deductions	\$	672.79	_				
Copy lir	ne 37, All of the deductions i	for debt payment	+\$	0.00					
Total de	eductions		\$	5,794.52	Copy to	tal here=>	;	<b>.</b>	5,794.52

	Determine Yo			- ( - / /					
		urrent monthly income from r Current Monthly Income an						\$	8,104.74
<b>childre</b> disabili receive	en. The mont ity payments ed in accorda	ably necessary income you r thly average of any child support for a dependent child, reporte ance with applicable nonbankru pended for such child.	ort payments, fosted in Part I of Form	er care payments, 122C-1, that you	or	\$	(	0.00	
employ in 11 U	yer withheld f J.S.C. § 541(b	retirement deductions. The from wages as contributions fo b)(7) plus all required repayme C. § 362(b)(19).	r qualified retireme	ent plans, as spec	ified	\$	(	0.00	
42. Total c	of all deducti	ions allowed under 11 U.S.C	. § 707(b)(2)(A). C	Copy line 38 here	=>	\$	5,794	1.52	
expens their ex	ses and you h xpenses. You	cial circumstances. If special have no reasonable alternative unust give your case trustee a documentation for the expens	e, describe the spe a detailed explanat	cial circumstance					
Describe f	the special c	circumstances		Amount of	expens	se			
				\$					
				\$		_			
				_ `		_			
				_ \$					
			Total	\$	^^	Copy here=>	·\$	0.00	
44. <b>Total</b> a	adjustments	s. Add lines 40 through 43.	Total	\$	00	here=>	5,794.52	0.00 Copy here=> -\$	5,794.52
		s. Add lines 40 through 43		=>	<b>00</b>	here=>		Сору	5,794.52 2,310.22
				=>	<b>00</b>	here=>		Copy here=> -\$	, , , , , , , , , , , , , , , , , , ,
45. <b>Calcul</b>	ate your mo			=>	<b>00</b>	here=>		Copy here=> -\$	, , , , , , , , , , , , , , , , , , ,
45. Calcul Part 3: C 46. Chang have co	Change in Income thanged or arour case will be down petition	onthly disposable income un	der § 1325(b)(2).  n Form 122C-1 or to ter the date you fill below. For example blumn, enter line 2	Subtract line 44 fr the expenses you ed your bankrupto le, if the wages re in the second col	som line	ed in the increase increase	5,794.52  his form d during the sed after	Copy here=> -\$ \$	, , , , , , , , , , , , , , , , , , ,
45. Calcul Part 3: C 46. Chang have co	Change in Income thanged or arour case will be down petition	come or Expenses or expenses. If the income in the virtually certain to change at the open, fill in the information on, check 122C-1 in the first company.	der § 1325(b)(2).  n Form 122C-1 or to ter the date you fill below. For example blumn, enter line 2	Subtract line 44 fr the expenses you ed your bankrupto le, if the wages re in the second col	reported umn, e lase.	ed in the increar application and increar application.	5,794.52  his form d during the sed after	Copy here=> -\$ \$	2,310.22
45. Calcul  2art 3: C  46. Chang have contime you file wages  Form  122C-1 122C-2 122C-1	Change in Income thanged or arour case will be dyour petitic increased, fil	come or Expenses  or expenses. If the income in the come of the come in the co	der § 1325(b)(2).  n Form 122C-1 or to ter the date you fill below. For example blumn, enter line 2	Subtract line 44 fr the expenses you ed your bankrupto le, if the wages re in the second col mount of the incre	reported umn, e lase.	ed in thion an increa xplain	nis form d during the sed after why the rease or crease? Increase Decrease Increase	Copy here=> -\$  \$  Amount of	2,310.22
45. Calcul  Part 3: C  46. Chang have c time you file wages  Form  122C-1 122C-2 122C-1 122C-2	Change in Income thanged or arour case will be dyour petitic increased, fil	come or Expenses  or expenses. If the income in the come of the come in the co	der § 1325(b)(2).  n Form 122C-1 or to ter the date you fill below. For example blumn, enter line 2	Subtract line 44 fr the expenses you ed your bankrupto le, if the wages re in the second col mount of the incre	reported umn, e lase.	ed in thion an increa xplain	nis form d during the sed after why the rease or crease? Increase Decrease Increase Decrease	Copy here=> -\$  \$  Amount of	2,310.22
45. Calcul  Part 3: C  46. Chang have c time you file wages  Form  122C-1 122C-1 122C-1 122C-2 122C-1	Change in Income thanged or arour case will be dyour petitic increased, fil	come or Expenses  or expenses. If the income in the come of the come in the co	der § 1325(b)(2).  n Form 122C-1 or to ter the date you fill below. For example blumn, enter line 2	Subtract line 44 fr the expenses you ed your bankrupto le, if the wages re in the second col mount of the incre	reported umn, e lase.	ed in thion an increa xplain	nis form d during the sed after why the rease or crease? Increase Decrease Increase Increase Increase	Copy here=> -\$  \$  Amount of \$ \$	2,310.22
45. Calcul  Part 3: C  46. Chang have c time you file wages  Form  122C-1 122C-2 122C-1 122C-2	Change in Income thanged or arour case will be dyour petitic increased, fil	come or Expenses  or expenses. If the income in the come of the come in the co	der § 1325(b)(2).  n Form 122C-1 or to ter the date you fill below. For example blumn, enter line 2	Subtract line 44 fr the expenses you ed your bankrupto le, if the wages re in the second col mount of the incre	reported umn, e lase.	ed in thion an increa xplain	nis form d during the sed after why the rease or crease? Increase Decrease Increase Decrease	Copy here=> -\$  \$  Amount of	2,310.22

Debtor 1

**Chapter 13 Calculation of Your Disposable Income** 

Christine M. Griffin	Case number (if known)	5:19-bk-03415

Part 4:	Sign Below
	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.  /s/ Christine M. Griffin Christine M. Griffin Signature of Debtor 1
Date	October 9, 2019 MM / DD / YYYY

Debtor 1

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Debtor 1

Income for the Period 02/01/2019 to 07/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Commonwealth of PA

Constant income of \$7,689.07 per month.\*

Christine M. Griffin Case number (if known) 5:19-bk-03415

### \*Paycheck Details:

Debtor 1

### Commonwealth of PA

Date	Earnings	Overtime	Taxes	Other	Net Check
Salary X2	3,544.00	0.00	936.12	310.10	2,297.78
2019-03-08	3,544.00	0.00	936.11	310.10	2,297.79
2019-03-22	3,544.00	0.00	936.12	310.10	2,297.78
2019-04-05	3,544.00	0.00	936.11	310.10	2,297.79
2019-04-18	3,544.00	0.00	929.52	340.10	2,274.38
2019-05-03	3,544.00	0.00	929.51	340.10	2,274.39
2019-05-17	3,544.00	0.00	929.52	340.10	2,274.38
2019-05-31	3,544.00	0.00	929.51	340.10	2,274.39
2019-06-14	3,544.00	0.00	929.52	340.10	2,274.38
2019-06-28	3,544.00	0.00	929.51	340.10	2,274.39
2019-07-12	3,544.00	0.00	929.52	340.10	2,274.38
2019-07-26	3,606.40	0.00	949.20	345.56	2,311.64
Totals:	42,590.40	0.00	11,200.27	3,966.66	27,423.47

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	¢310	total foo

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### United States Bankruptcy Court Middle District of Pennsylvania

In re	Christine M. Griffin		Case No.	5:19-bk-03415
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSAT	TION OF ATTOR	NEY FOR DE	BTOR(S)
(	. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:			
	For legal services, I have agreed to accept		. \$	4,310.00
	Prior to the filing of this statement I have received		\$	2,800.00
	Balance Due			1,510.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compensatio	n with any other person ur	nless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.			
5.	In return for the above-disclosed fee, I have agreed to render le	gal service for all aspects of	of the bankruptcy ca	ase, including:
1	<ul> <li>Analysis of the debtor's financial situation, and rendering ad</li> <li>Preparation and filing of any petition, schedules, statement of</li> <li>Representation of the debtor at the meeting of creditors and</li> <li>[Other provisions as needed]</li> <li>Includes \$310.00 Filing Fee.</li> </ul>	of affairs and plan which n	nay be required;	
<b>6.</b> ]	By agreement with the debtor(s), the above-disclosed fee does r Any objection to discharge and/or adversary r fees associated with mandatory credit counse	natters which shall be		rates. Also does not include
	CER	RTIFICATION		
	certify that the foregoing is a complete statement of any agree ankruptcy proceeding.	ment or arrangement for p	ayment to me for re	epresentation of the debtor(s) in
o	ctober 9, 2019	/s/ Mark J. Conway		
	ate	Mark J. Conway		
		Signature of Attorney Law Offices of Mar	k J. Conwav. P.0	2.
		502 S. Blakely Stre	et	
		Dunmore, PA 1851: 570-343-5350 Fax:		
		info@mjconwaylav		
		Name of law firm		

### **United States Bankruptcy Court Middle District of Pennsylvania**

In re	Christine M. Griffin	Case No.	5:19-bk-03415		
		Debtor(s)	Chapter	13	
	VERII	MATRIX			
The ab	ove-named Debtor hereby verifies th	at the attached list of creditors is true and	correct to the best	of his/her knowledge.	
Date:	October 9, 2019	/s/ Christine M. Griffin			
		Christine M. Griffin			

Signature of Debtor